United States District Court **EASTERN:** District of New York

	FABIA	N, PAR	ISH					
	B & C# 34	916044	43)					
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	-agains	rt-				u	nder the	
					Civ	il Rights A	ct, 42 U.S.C	§ 198
	THE CITY OPER THE PROPERTY OF					(Prison	er Complaint)
	`		Official					
	Capt. Stre				<u> </u>	Jury Trial:	XXY es	No
	<u>His Offici</u> Lozada she			<u>d C/O</u> His	De ARCY	ΉΔΗ	(check or	ne)
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	n the above caption			e contained in				
ruri 1.	Addresses should	i noi de inci	iuaea nere.)					
			•					
I.	Parties in this	complain	t:					
Α.	List your nam	ne. identifi	ication number	r and the na	ime and add	ress of voi	ir current ni	are of
	confinement.					-	_	
	as necessary.		•	•			į	• •
			2					•
Plainti			<u>Parish</u>					
•	1D# <u>3</u>	<u>49160444</u>	13	*				
			n RNDC FAC					
	Addre	ss <u>11-11</u>	HAZEN STRE	ET, EAST I	ELMHURST,	NY 113/0) 	<u>:</u>
			<u>.</u>	· ·				
В.	List all defenda		•		•			
	may be served. above caption.					entical to the	ose contained	i in the
	above caption.	Allacij ac	ditional sheets	or paper as i	ilocessai y .		•	
Defend	lant No. 1	Name _	THE CITY OF	NEW YORK		S	Shield #	·
		Where C	urrently Empl	oyed NYC	GOVERNMEN	Γ		
		Address	100 CHURCH	STREET, I	NEW YORK,	NY 10007	7	
		•						

DEARCY HALL, J.

MICON, M.L.

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SROOKLYN OFFICE

Defenda	int No. 2	Name WARDEN (Ada Presley) RNDC FAC	Shield #
		Where Currently Employed RIKERS ISLAND CORRECT	CIONS
		Address 11-11 HAZEN STREET, Fast Elmhurst,	Nv 11370
Defenda	ınt No. 3	Name (RNDC CAPT. STRECALKOV)	Shield #_ <u>1237</u>
		Where Currently EmployedRTKERS_TSLAND_CORREC	•
		Address 11-11 HAZEN STREET, Fast Elmahurst,	
Defenda	int No. 4	Name (CORRECTIONAL OFFICER LOZADA)	Shield # 14078
		Where Currently Employed RIKERS ISLAND (RNDC)	
•		Address 11-11 HAZEN STREET	
	•	EAST ELMHURST, NY 11370	
		100 100 in the control of the contro	
Defenda	int No. 5	Name	Shield #
		Where Currently Employed	
		Address	
	•		
11	Statement of (Jaim.	
	Statement of (
State as	briefly as poss	sible the <u>facts</u> of your case. Describe how each of the defe	endants named in the
You ma	v wish to inclu-	nt is involved in this action, along with the dates and locations of the further details such as the names of other persons involved	l in the events giving
rise to v	our claims. Do	not cite any cases or statutes. If you intend to allege a number	ber of related claims,
number	and set forth ea	ach claim in a separate paragraph. Attach additional sheets o	t paper as necessary.
			1.1. (a)
Α.		estitution did the events giving rise to your	• •
		TY, (C-74) MOD-2 NORTH, FRONT ENTRANCE BED,	
	BOTH CAMERA	A'S AND CORRECTIONAL OFFICER DEFENDANT # 4.	
		he institution did the events giving rise to you	r claim(s) occur?
B.	where in the	SEE: ABOVE-(A))	i ciami(s) occur.
		, , , , , , , , , , , , , , , , , , ,	
			······································
C.	What date an	nd approximate time did the events giving rise to yo	our claim(s) occur?
		CACHED EXHIBIT (A): MISBEHAVIOR REPORT	
		at 0920 Hrs.	

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Rev. 05/2010

	I	Ο.	Facts:	[SEE:	ATTACHI	ED NAT	URE O	F CLAI	M][1	l of 1	Page	es]	
What happened to you?													
										••		•	·-
Who did what?													
												•	
Was anyone cisc													
	•												
Who else saw what happened?	آ												
11	11.	Inju	ries:									redra agraga glava (de e policiele de al Cline	****
a:	ny, y	ou req	uired a	uries related nd received.	Head	Injuri	es, Bo	ody In	juri	es Mer	ntal		
-			_	of Emoti	ional Du	ıress,	Eye's	s and	Rib	pain]	•		
<u>R</u> n	<u>ef</u> ı o r	ised epor	my r	equest ould be	for med	lical again	treatr st me	nent w , yet,	<u>ith</u> he	false would	sta get	moved	_that and
		ten											· ·
T w	ith 1 onfin	rison L espect	itigatio to pri	of Admini on Reform A son conditio , prison, or c nistrative res	oct ("PLRA' ons under se other correc	'), 42 U.: ection 19 tional fac	83 of this ility until	title, or such adm	any o inistra	ther Fede tive remed	ral law	, by a pri	soner
Α	•	Did	your c	laim(s) arise	while you	were con	fined in a	jail, pris	on, or	other corr	ections	l facility?	
		I, d	letai	No led thi	is cover	-up,	so, i	'm ask	ing	this (Court	to gi	cant
••			ture CESSE	dinary d repor	t and A	Assaul	t. [Ti	HE VID	EO_M	MAIN FI	RAIM	COULD	BE
	F	lev. 05/2	2010	ו עי.			3						

EASTERN DISTRICT OF NEW YORK 42 U.S.C. §1983
Attached To Page 3.

NATURE OF CLAIM

In Short, inside of (RNDC) facility, on 8/7/2016, at approximately 0920 Hrs, and infront of numerous inmates watching. Inmate Morgan Shuler, (B & C# 241-15-08250), On Dorm MOD-2 NORTH, Attacked Me, as I was sitting on the edge of my bed. When he hit me, I fell back onto the bed, suprised, and he locked my knees down with his legs, hitting me in the face and body, over me. All I could do is cover myself.

As he was doing this, and when he started this, A C/O Lozada was looking at the complete event. Infact, this took place infront of the door entrance and C/O's table, as it was beds (1) & (2). Yet, the camera was completely infront of this event. Including, the (A) Officer's window and C/O Richardson (Female was looking.

After the Officer screamed for Mr. Shuler to stop over and over again and threatened to stray him, he backed off. I was placed in the hall-way.

Upon a Captain Strecalkov #1237 comming. C/O Richardson told the Captain to move me. On 8/10/16, at 0605, I was served with a misbehavior report. (SEE: ATTACHED EXHIBIT (A): Upon my getting the report, I was suprised to see the complete event changed and it was made to look as if we were fighting, and that I was not attacked. I could not understand how this happened as the camera was right in front of the Attack. I, Parish Fabian (349-16-04443), declare under penalty of perjury that the foregoing is true and correct. 28 USC 1746

I am with Witness'es as follows:	Jakean Parish
WITNESS: # 1	SIGNATURE ———— Mr. Fabian Paris
WITNESS: # 2	mr. rabian ratis
EXECUTED THIS T DAY OF OCTOBER, 2016 POLEMBER.	
Fabran Carrol MOVEMBER.	
SIGNATURE	

 RIKERS ISLAND (C-74)
Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure
Yes XX No Do Not Know
Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?
Yes No XX Do Not Know This jails grievance operation is not running correctly, per-directive.
Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?
Yes No XX
If NO, did you file a grievance about the events described in this complaint at any other jail, prison, o
other correctional facility? I was afraid to do so, as this cover-up and changing of event's, clearly on tape, infront of a C/O was
something I have never dealt with.
If you did file a grievance, about the events described in this complaint, where did you file the grievance?
1. Which claim(s) in this complaint did you grieve?
2. What was the result, if any?
3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to
the highest level of the grievance process.
If you did not file a griguance:
If you did not file a grievance:
1. If there are any reasons why you did not file a grievance, state them here:

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If you did not file a grievance but informed any officials of your claim, state who you informed,

2.

when and how, and their response, if any: Told Infermary Investigators: I addressed the MOD-2 (A) OFFICER RICHARDSON, TOLD THE HEARING OFFICER, TOLD THE CAPTAIN WHO SERVED REPORT, I DIDN'T DO ANY-THING, TOLD THE ESCORTS, CAPTAIN ETC., DAY OF INCIDENT, PLUS, EVERYONE KNOWS THAT TRUTH, THE COMPLETE DORM WITNESS'ED IT, PLUS THE OFFICER CONTINUED TO TREATEN TO SPRAY MORGAN.

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I was moved, I was attacked and I am the victim who was beatened infront of a Police Officer. This Inmate is seriously, Mentally III, and has repeatedly assaulted other inmates, destroyed property of others for officers, and has been moved and returned, to be the Police Officers

(A) Porter, eye's and ears. He's facing (25) to Life for murder and added to his being mentally ill, Security and mental health are also responsible for my assault. Yet, once they fabricated an assault event, that was on camera, and attacked me afterwords, this is more serious then appears.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if a	any, that you
are seeking and the basis for such amount). FOR CONSPIRACY TO COVER-UP AN A 42 USC §1985(3),\$1.000.000.00, FOR CRUEL & UNUSUAL PUNISH	MENT AND
VIOLATING CONTEMPORARY STANDARDS OF DECENCY, NEGLIGENCE 8	3Th Amend
ment Violation, Including failure to protect inmates from \$1.000.000.00, For denial of medical treatment by, Minist	<u>assaul</u> t erial
Negligence, for false reports, and manufactured Medical Etion and incident reports, \$1.000.000.00 Dollars, For a T	<u>Evalua-</u> Cotal of
\$3.000.000.00 Dollars.	

VI. Previous lawsuits:

	On
l	these
ļ	claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No <u>XX</u>_

	.B.	If your is more format.	answer to A is YES, describe each lawsuit by answering questions I through 7 below. (If there than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same)
•		1	Parties to the previous lawsuit:
,,	•	Plaintif	f
		Defend	ants
		2.	Court (if federal court, name the district; if state court, name the county)
		3.	Docket or Index number
ı		4.	Name of Judge assigned to your case
		5.	Approximate date of filing lawsuit
		6.	Is the case still pending? Yes No
			If NO, give the approximate date of disposition
		7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
On other claims	D.	Yes If yo	e you filed other lawsuits in state or federal court otherwise relating to your imprisonment? No our answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the eformat.)
		1.	Parties to the previous lawsuit:
	•	Plaintif	f
	-	Defend	ants
		2.	Court (if federal court, name the district; if state court, name the county)
	•	3.	Docket or Index number
		4.	Name of Judge assigned to your case
	•	5.	Approximate date of filing lawsuit
		6.	Is the case still pending? Yes No
		•	If NO, give the approximate date of disposition
		7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

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I declare under penalty of perjury that the foregoing is true and correct.					
Signed this 7th day of October, 2016 Signature of Plaintiff Inmate Number Institution Address	FABLAU PARISH Fabian Parish 349-16-04443 [RNDC FACILITY: RIKERS ISLAND] 11-11 HAZEN STREET, EAST ELMHURST NY 11370.				
inmate numbers and addresses. I declare under penalty of perjury that on this 7th d	November ay of October, 2016 I am delivering this o Se Office of the United States District Court for the E New York.				
Signature of Plaintiff:	Fabian, Parish 349-16-04443				

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CILL OF NEW YORK CORRECTION DEPARTMENT



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Do Soda Co. 14078

Do August 7, 2016 At Approx. 0920 Hrs. I. C.O. Lozada #14078 assigned on August 7, 2016 At Approx. 0920 Hrs. I. C.O. Lozada #14078 assigned to the Mod 2 B post on the 0700x 1531 Hrs. tour observed in mates larish tabian 81c 349-16-04443/092985771 And shuler Morgan 81c 241-15-08250/044630557 involved in an inmate to inmate pight in Module 2 Mosth. This writer gave several direct verbal orders to both inmates to stop fighting or chemical argent will be used to which said inmates complied. Inmate Parish tabian was separated and sacerted out to the Aand B area. Inobe team errived and escented both inmates out of the area into the fine area in this incident incident. Reporting Official (Signature): Reporting Official (Print Mame, Rank and Shield #): &LOH1 '/o/ INWATE ON INMATE Срагде # Срагде # Approximate Time of OS PO. Housing Area 2 NORTh Location of Incident (Be Specific): Serience # Source Series Serie Inmate Name (Leaf, First)) PAR [5H NAIBAH Pate of: MSEPO^{noibac}tion 0935Mg Date of S Institution: RNDC Infraction #: Ref. : Dir. #6500R-C REPORT AND NOTICE OF INFRACTION Rev. : 08/04/15 **A0023** :mo3

You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced Inmate and you commit an infraction within twenty-four (24) hours prior to your discharge and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this service. This three (3) business day served with an expiration to the service of this three (3) business day services. The three (3) business day you are served, weekends, holidays, days you go to count (whether in person notice. This three (3) business day you are served, weekends, holidays, days you go to count (whether in person to vis teleconference), days you are hospital attending a clinic, days you take served to another facility and days you are unavailable due to your absence from the attendance. The three (3) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Defention period is automatically extended by one (1) business day if you are transferred to snother facility and days you are transferred by one (1) business day if you are transferred to snother facility prior to your bearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.

:At your hearing you have the following rights:

- 1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or the hearing and become disruptive.
- be used in a subsequent criminal trial unless you have been given a Miranda Waming and then voluntarily testify. 2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot
- 4. Right to present witnesses.

Witness (Print Name):_

- Right to the assistance of a Hearing Facilitator.
- 6. Right to an interpreter if you cannot communicate well enough in English.

Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination:

3. Loss of good time if you are a sentenced inmate. Loss of privileges.

4. Punitive segregation for up to thirty (30) days per each applicable individual charge.

A twenty five (\$25) dollar disciplinary surcharge will be imposed on all inmates found gulity of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain. 5. Restitution for intentionally damaging or destroying City property.

(if yes, include witness(es) Name, Book and Case Number (if inmate) or Shield/ID (if staff) and Location (if inmate) or Post (if staff). SBY ___ Witness(es) Requested: ON 🚺 Hearing Facilitator Requested: Yes (If yes, include what language) Interpreter Requested:

Signature of Server: enify that I received Eime: 0 & 6.07 Signature of Anmate: Miness (Print Name): ShieldID Number: :180H уледшиМ Э88 :(emsN tnin9) esentiW rocenou: .:(emsM trin9) seentiVV B&C Number: Location:

Location:

B&C Number,

Page 10 of 11 PageID #: Sign for Notice: Witnessed By: d by (Print Name, Rank and Shield #):

FACILITY COPY

Sent and to the sent and the sen